

**WAIVER TRANSITION
QUESTION AND ANSWER #12
September 14, 2005**

TOPIC	QUESTION	RESPONSE
Residential Supports	We would like to know if a Residential provider billing residential supports can also bill MR/MI personal assistance. The LME provider support liaison states that it is not clear in the manual and up for interpretation.	We are in the process of addressing issues around individuals on the waiver who are MR/MI and receiving Supervised Living and/or PA. In the meantime, you may bill PA and Supervised Living if appropriate for the individual until such time as you are given other guidance on this.
Residential Supports	Under the new waiver, individuals living in licensed residential settings who go home on the weekend may not receive respite services while visiting with their family. Is this also true for Personal Care services?	Yes. The same limitation also applies to individuals residing in unlicensed AFLs.
Local Approval	What guidelines are we to use in regards to CNRs being submitted 9/1/05 or 10/1/05 that have been granted exceptions for habilitative hours to be worked during school hours?	A child between the ages of seven and fifteen or a person enrolled in a public school system may receive no more than six hours of habilitative services per day when the school system is in operation per the calendar of the local Lead Education Agency. There is no process for exceptions under the current waiver.
Day Supports/ Transportation	<p>1. In the situation of Day Hab and now Day Supports, transportation was included in the rate and should be provided by the day provider, however, billing for day hab should not begin until the client is at the setting where services will occur, correct? Basically, they should provide the transportation but not bill that time.</p> <p>2. With the new waiver, some of our unlicensed day hab services are changing in to home and community supports. Would the same argument hold true or is this a</p>	<p>That is correct.</p> <p>First of all, it is important to ensure that those unlicensed day facilities do not require a license.</p>

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	different issue with this service? How do we respond to providers when this comes up? We have a situation with a residential provider and a "day provider" now and clarification would be extremely helpful.	This can be done through contacting the Division of Facility Services. The cost of transportation is included within the rate for Home and Community Supports, however, when going to a facility such as an unlicensed day program, billing for the individual would not begin until the individual is at the setting where services will take place.
Home and Community Supports/Transportation	Can the training for home and community supports begin when the client is picked up or is transportation expected to be provided without being billed? Is it the expectation of the home and community supports provider to get the client to the activity where community supports will take place or is this the responsibility of the residential provider? Is the cost of transportation factored in to the home and community supports rate where a similar argument should apply.	Transportation is included in the rate for Home and Community Supports. It is not intended to meet the specific transportation needs of individuals but transportation is related to accomplishment of goals and objectives established in the Plan of Care.
Respite	Can a consumer have only respite in his CAP plan and maintain his CAP services?	CMS policy is that for an individual to be considered to require the level of care specified for the waiver, it must be determined that a person requires at least one waiver service, and requires the provision of waiver services at least monthly, or if less frequently, requires monthly monitoring to assure health and safety. Individuals may not be enrolled in the waiver for the sole purpose of enabling them to obtain Medicaid eligibility.

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MR2	Is it a requirement that the MR2 must be submitted by the LME, or may the case manager submit the form to Murdoch?	Section 2.3 of the draft Manual clearly specifies the process for submission of the MR2 to Murdoch Center. The MR2 MUST be signed by the LME staff and submitted by the LME.
Local Approval	On page 180 of the CAP Manual it states Hours of Home and Community Supports, Day Supports, and Supported Employment can be exchanged for additional Personal Care hours, if indicated on the person centered plan. Please explain this. If we have consumers that just receive Personal Care can the training hours be used for additional hours? Also what if the consumers are only receiving training hours, can any hours from personal care be used for additional training hours?	If an individual is currently receiving one of the hab services such as HCS, Day Supports, or SE they could potentially exchange some of those hours for additional PC hours only if the need for this is identified in the Plan of Care. PC hours may not be exchanged for additional habilitation.
Respite	The decrease of respite hours to 576/year, does this also start effective 9/1/05. Will this go till the end of the respite fiscal year which is 3/06?	The change to 576H/Y of respite as outlined in the Utilization Review guidelines is effective 9/1/05. Remember that any and all services are based on the person centered planning process along with application of the Utilization Review guidelines by the LME. The 576H/Y refers to the individual's plan year.

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Residential Supports	I have 3 clients that live in a family care group home that is not a provider of services. This group home is monitored by DSS. Two of the three clients receive enhanced personal care (toileting / ambulation). To meet their needs they have been receiving supported living and day habilitation. Two receive group services. As I understand memos thus far the correct cross walk of services for these individuals would be Community Supports under Home and Community Supports?	The appropriate service for individuals in this setting is Residential Supports. Since this is a licensed residential setting, in order for the care home to provide Residential Supports (crosswalk from SL) under the new waiver, the residential provider must enroll to provide the service. The individual may receive HCS or Day Supports, whichever is appropriate, to meet their day programming needs in the community. Individuals receiving Residential Supports cannot receive ACH-PCS.
Manual	When can we expect to see a final copy of the CAP Manual?	Final revisions are being made at this time based on recommended changes from comment period and DMA. Once revisions have been made it will be posted in final form. It is not anticipated that major changes will be made and the draft Manual may be used as a basic guide until the final draft.
Residential Supports	The Residential Support forms on the web are not clear on the sub-headings. Can there be a better copy made plus directions on how to use the form?	A newer version of the Residential Support has been posted.

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Manual	With the new waiver in effect 9/1/05, are we supposed to use the CAP draft manual as our guide even though some things will change in the manual?	The draft Manual may be used as a guide during the transition. Final edits are being made to the Manual.
Limit on habilitation hours	Does the daily habilitation limit of 12 hours a day still apply for adults?	Yes. This will be included in the final edits to the Manual.
Residential Supports	Are residential supports still counted towards habilitation hours?	Residential Supports is a blended service that includes personal care, supports and habilitation for individuals in licensed residential settings. There are no established amount of hours for this service. The 120 hours on the Utilization Review guidelines applies to the other habilitation services.
Local Approval	Will the Funding Checklist for Plans of Care be amended?	Yes. It has been revised and will be posted to the web.